

A. Identification

Plant Name: _____

Date: _____

Employee Name: _____

Job Title: _____

Birthdate: _____

Age: _____

Sex: _____

Height: _____

Weight: _____

B. Medical History

1. Have you ever been in the hospital as a patient?

Yes__ No__

If yes, what kind of problem were you having? _____

2. Have you ever had any kind of operation?

Yes__ No__

If yes, what kind? _____

3. Do you take any kind of medicine regularly?

Yes__ No__

If yes, what kind? _____

4. Are you allergic to any drugs, foods, or chemicals?

Yes__ No__

If yes, what kind of allergy is it? _____

What causes the allergy? _____